

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>10511</u>	2 Fiscal Year Covered From 2 (year) <u>1</u> / <u>1</u> / 2004 Through <u>12</u> / <u>31</u> / 2004
3 Name and address of person filing Name John P Orr P O Box Bldg Room No if any Street 55 Moorgate Ct City St Peters State Missouri ZIP Code +4 63376	4 Name file number and address of labor organization Name I U E C # 3 Labor Organization File Number <u>026781</u> P O Box Building and Room Number if any Street 5916 City Wilson Ave State Missouri ZIP Code +4 63110-2725
5 Position in labor organization Business Rep	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as excluded in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code +4	7 a Nature of Interest, Transaction or Income 7 b Amount.

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions.)	
Signed <u>John P Orr</u>	On <u>8-15-2005</u> <u>314-644-3933</u> Date Telephone Number

Name of Person Filing John Orr	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State <u>Missouri</u> ZIP Code + 4 <u></u>	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box, Bldg Room No if any Street City State <u></u> ZIP Code + 4 <u></u>	11 a Nature of such dealing 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received 12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name <u>Bartley Goffstein L L C</u> Trade Name if any P O Box Bldg Room No if any Street <u>4399 Laclede Ave</u> City <u>St Louis</u> State <u>Missouri</u> ZIP Code + 4 <u>63108</u>	14 a Nature of payment. <u>Luncheon meal at business meeting</u>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	14 b Amount of payment. <div style="text-align: right;">\$38</div>